

## **CHANGE IN OWNERSHIP OR PARTNERSHIP (not a corporation)**

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Dealer Section  
600 New London Avenue ,Cranston, RI 02920-3024  
[www.dmv.ri.gov](http://www.dmv.ri.gov)

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITHIN 10 DAYS OF THE CHANGE OF OWNER/ PARTNER. ALL REQUIRED FORMS MUST BE SUBMITTED AT ONE TIME, WE CANNOT ACCEPT INCOMPLETE APPLICATIONS. ONE OF THE PRESENT OWNERS/ PARTNERS MUST REMAIN ON RECORD FOR A MINIMUM OF SIX (6) MONTH AFTER THE EFFECTIVE DATE OF THE CHANGE.

PLEASE SUBMIT THE FOLLOWING:

1. COMPLETED APPLICATION FORM, SIGNED AND NOTARIZED, STATING NEW OWNER/PARTNER NAMES AND RESIDENCE ADDRESSES.
2. A LETTER, SIGNED BY A PRESENT OWNER/PARTNER AND NOTARIZED, REQUESTING TO BRING ON AN ADDITIONAL OWNERS/PARTNERS INTO THE DEALERSHIP, STATING THEIR FULL NAMES AND RESIDENCE ADDRESSES.
3. B.C.I. (BUREAU OF CRIMINAL IDENTIFICATION FORM) MUST BE COMPLETED BY ALL NEW OWNERS/PARTNERS ONLY, AND RETURN TO THIS OFFICE FOR OUR CHECKING THROUGH B.C.I.
4. \$50,000 SURETY BOND ISSUED TO ALL OWNERS/PARTNERS OF THE DEALERSHIP OR A RIDER DOCUMENT FROM YOUR INSURANCE COMPANY ON THE PRESENT BOND YOU HAVE ON FILE AMENDING THE PRICIPALS TO READ: " STATE ALL THE OWNERS/PARTNERS NAMES".
5. IF A PRESENT OWNER/PARTNER OF A DEALERSHIP IS RESIGNING WE MUST HAVE A LETTER OF RESIGNATION SIGNED BY THAT OWNER/PARTNER AND NORTARIZED.
6. A NEW \$50,000 LINE OF CREDIT HAS TO BE OBTAINED BY THE NEW OWNER/PARTNER AND SUBMITTED TO THIS OFFICE PRIOR TO THE CHANGE OF OWNER/PARTNER.
7. THE NEW OWNERS/PARTNERS MUST OBTAIN A COPY OF THE RHODE ISLAND RULES AND REGULATIONS REGARDING DEALERS, MANUFACTURES AND RENTAL LICENSE PURSUANT TO R.I.G.L. SECTIONS 31-5-2 AND 31-5.1-3.

THE RHODE ISLAND MOTOR VEHICLE DEALER'S LICENSE AND REGULATIONS OFFICE RESERVES THE RIGHT TO INVESTIGATE ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION AND ARE SUBJECT TO APPROVAL BY THIS OFFICE.

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STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES

## Dealer Section

600 New London Avenue ,Cranston, RI 02920-3024

**www.dmv.ri.gov**

1. DATE: \_\_\_\_\_
2. CORPORATE NAME: \_\_\_\_\_  
DBA NAME: \_\_\_\_\_  
PRINCIPAL BUSINESS LOCATION: \_\_\_\_\_  
BUSINESS PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_  
HOME #: \_\_\_\_\_ FAX # \_\_\_\_\_
3. LOCATION OF BRANCH OFFICES (IF ANY): \_\_\_\_\_
4. TYPE OF DEALER:  
NEW VEHICLES ONLY ( ) USED VEHICLES ONLY ( ) NEW & USED VEHICLES ( )
- 4a. IF NEW CAR DEALER, ESTIMATE NUMBER OF DEALERS SELLING SAME MAKE OF CAR IN YOUR CITY OR TOWN: \_\_\_\_\_
5. TYPE OF VEHICLES:  
PASSENGER CARS ONLY ( ) MOTORCYCLES ( ) TRUCKS ONLY ( ) TRACTOR-TRAILERS ( )
6. HOW LONG HAVE YOU BEEN ESTABLISHED AS A DEALER? \_\_\_\_\_
7. IF A NEW CAR DEALER, WHAT MAKE OF VEHICLES? \_\_\_\_\_
8. HAVE YOU A DEALERS' CONTRACT OR FRANCHISE YES ( ) NO ( )
9. FRANCHISE OR CONTRACT:
- | NAME: | ADDRESS | DATE  |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
10. FLOOR SPACE: SALES \_\_\_\_\_ SERVICE \_\_\_\_\_  
YARD SPACE: SALES \_\_\_\_\_ SERVICE \_\_\_\_\_  
VALUE OF SERVICE STATION EQUIPMENT: \_\_\_\_\_
11. GIVE NAMES AND ADDRESSES OF ALL OFFICERS AND MEMBERS OF FIRM:
- | <u>TITLE:</u> | <u>NAME:</u> | <u>RESIDENCE ADDRESS:</u> |
|---------------|--------------|---------------------------|
| _____         | _____        | _____                     |
| _____         | _____        | _____                     |
| _____         | _____        | _____                     |
12. NUMBER OF SALESMAN EMPLOYED: \_\_\_\_\_
13. NAME OF INSURANCE COMPANY: \_\_\_\_\_

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM \_\_\_\_\_

TITLE IF ANY

OF THE ABOVE FIRM AND THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

WRITTEN SIGNATURE OF APPLICANT: \_\_\_\_\_

STATE OF RHODE ISLAND

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

COMISSION EXPIRES \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_

**ALL LISTED OWNERS OR PARTNERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE EFFECTIVE DATE OF THIS APPLICATION**

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**EMPLOYEE LIST**

Corporate Name: \_\_\_\_\_

d/b/a Name: \_\_\_\_\_

**List all employees who are presently on your payroll and receive W-2 forms:**

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

PLEASE SUBMIT A NEW LIST EVERY TIME THERE IS AN EMPLOYEE CHANGE.

1099 FORMS ARE NOT ACCEPTED IN THE DEALERS' LICENSE & REGULATIONS OFFICE

This form must have the companion Workers' Compensation List and stamped copies of the DWC-11 forms for employees excluding themselves from Workers' Compensation attached.

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them in court within the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail on additional sheet.

I, the undersigned, hereby declare under the penalty of perjury, that I have examined this statement regarding the number of employees, and to the best of my knowledge this is true and correct. Rhode Island General Laws §31-11-17.

State of Rhode Island  
County: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

# **WORKERS' COMPENSATION INSURANCE REQUIREMENTS**

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Dealer Section  
600 New London Avenue ,Cranston, RI 02920-3024  
**www.dmv.ri.gov**

Corporate Name:\_\_\_\_\_

d/b/a Name:\_\_\_\_\_

*Employees not listed on this form require a waiver from Workers' Compensation.*

LIST ALL EMPLOYEES PROTECTED BY WORKERS' COMPENSATION INSURANCE COVERAGE

BOTH SOCIAL SECURITY AND DRIVERS LICENSE NUMBERS ARE REQUIRED.

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

*Please notify this office of any changes to this list as they occur.*

All Rhode Island employers with one or more employees are required to obtain worker compensation insurance coverage. This includes both full time and part time workers. Sole proprietors, partners, members of limited liability companies and independent contractors are not included. Most corporate officers are included when determining coverage requirements. Employees, including corporate officers, may exclude themselves from coverage by filing a DWC-11 form with the Department of Labor and Training, Division of Workers' Compensation.

Some exemptions to the insurance coverage requirement are, domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers' compensation insurance is up to \$500 to \$1000 per day of non-compliance. The Director of the Department of Labor and Training may close a business for a failure to provide workers' compensation insurance. Knowing failure to provide workers' compensation insurance may result in a felony charge with imprisonment of up to two (2) years and/or a fine of \$10,000.

For further information on compliance and enforcement, please contact (401) 462-8100 and press option #8, or contact and Education Unit Representative at the same number but choose option #1.

State of Rhode Island

County: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

# DEALERS' EMPLOYEE AUTHORIZATION

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES

Dealer Section

600 New London Avenue ,Cranston, RI 02920-3024

[www.dmv.ri.gov](http://www.dmv.ri.gov)

Dealership Licensed Name:

Business Address:

Authorization Number:

The following people, including owner, partner and corporate officer, are properly authorized to pick up 20-Day Temporary Plates, Loaner Agreement Forms and other forms as allowed by the Department of Motor Vehicles for the above named dealership.

Name

Drivers' License Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers' License & Regulations office if you must make any changes to this list.

**NOTE: *This is not an authorization to register vehicles in the Dealers' Room.***

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Office

\_\_\_\_\_  
Print Name

State of Rhode Island

County: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

# DEALERS' EMPLOYEE AUTHORIZATION

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[www.dmv.ri.gov](http://www.dmv.ri.gov)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prior Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Dealership Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Have you ever had criminal charges or civil action lodged against you in court? \_\_\_\_\_

If yes, please explain in writing: \_\_\_\_\_

\_\_\_\_\_

## DISCLAIMER

I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Rhode Island Motor Vehicle Dealers' License & Regulation Office any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and request there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this disclaimer